



Patient Survey



PLEASE PRINT, FILL OUT AND SEND TO: Mail Code: BIO-8

Your satisfaction with the care you received during your visit to RehabWorks is our highest priority. Please let us know how we are doing so that we can improve our services to you. Would you take a minute or two to complete and submit this survey? Your ratings and comments are greatly appreciated.

RATING

5-Very Satisfied 4-Satisfied 3-Neutral 2-Dissatisfied 1-Very Dissatisfied

Staff Attitude

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Courtesy of medical secretary | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 2. Courtesy of athletic trainer | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 3. Concern of athletic trainer for your well being | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

Professional Demeanor

- | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. The athletic trainer introduced him/herself to me personally | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 2. The evaluation and treatment I received were adequately explained
(i.e., expectations, time frames, etc.) | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 3. Responses were provided for my questions and concerns | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 4. Respect for my dignity and feelings was handled appropriately | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 5. The athletic trainer was courteous, respectful and seemed concerned about me | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

Quality of Service

- | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. My initial evaluation was scheduled within my desired time frame | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 2. Appointments were scheduled to my convenience | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 3. When I arrived for my appointment, the service began promptly | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 4. I had trust and confidence in my athletic trainer | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 5. Service and attention was consistent | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 6. My athletic trainer communicated with my doctor regarding my rehabilitation progress | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

Facilities

- | | | | | | |
|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Cleanliness of facility | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 2. Atmosphere | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 3. Equipment type and availability | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| 4. Convenience of location | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

Overall

1. What was your overall impression of RehabWorks?

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

2. What could we have done to make your visit better?

3. What did you like most about RehabWorks?

4. What did you like least about RehabWorks?

5. If any individual gave you outstanding attention, please let us know so we can commend that person.
Also, if you wish to share any constructive criticism, let us know, and we will seek appropriate solutions.

6. Please include any additional comments

7. Would you refer someone to RehabWorks? ☐ Yes ☐ No
Why or why not?

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